SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 4. The issue and acceptance of this is form by instrained companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 19/07/2022 08:27 (SGT) Reported by Date of Accident 18/07/2022 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information **UBI AVENUE 2 & PAYA LEBAR ROAD JUNCTION** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number F77423.I

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SYED NAJIB BIN SYED HASSAN NRIC No S8541004J Email Address SYEDNAJIB.HASSAN@GMAIL.COM Mobile Phone No (Phone) +65-89225524 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Cb400sf Variant

Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5113240908-02

DRIVER

Name of Driver SYED NAJIB BIN SYED HASSAN NRIC No S8541004J Date Of Birth 09/12/1985 Occupation Outdoor

Date Of Driving Pass 10/01/2019 Driving experience 3 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-89225524 Alt. Phone Number Email Address SYEDNAJIB.HASSAN@GMAIL.COM Address **BLK 93 PAYA LEBAR WAY #03-3039** Address complement Postcode 370093 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SITI FATIMAH Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name MacPherson Neighbourhood Police Post Police Station Phone No (Phone) +65-18007449999 Alt. Police Station Phone No (Fax) +65-65476366 Police Station Address Blk 54 Pipit Road #01-82/84 Singapore 370054 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident ADVICE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6585P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	DON WONG HONG YOW
NRIC No	S8207111C
Contact Number	(Phone) +65-96397927
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3
PASSENGER 1	
Name	UNKNOWN
Gender	Male
PASSENGER 2	
Name	UNKNOWN
Gender	Female

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

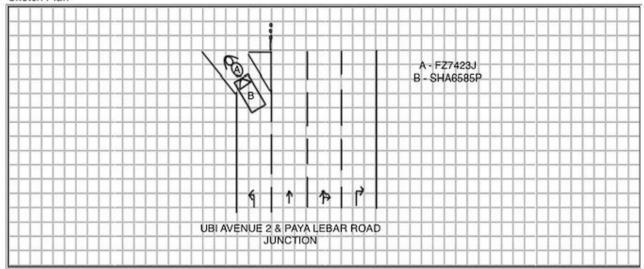
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

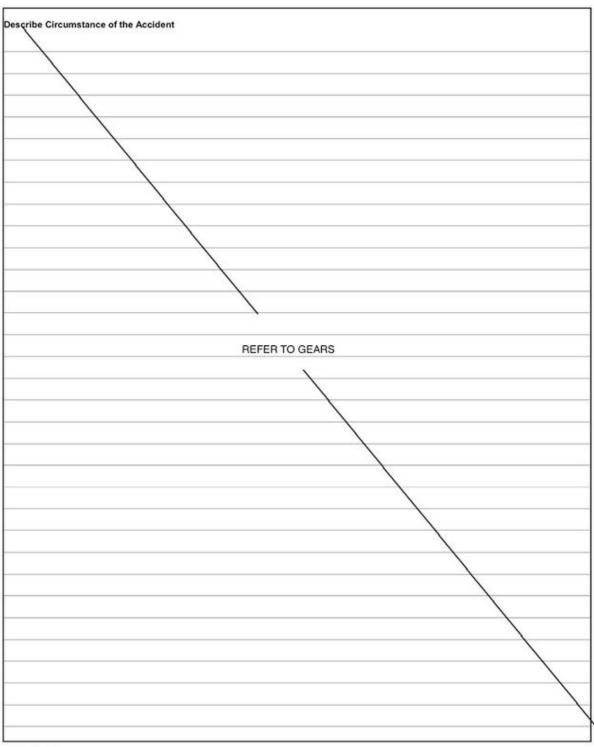
MUAMMAR GADDAFI BIN MARZUKI ed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



1



Declaration

I/We declare the foregoing particulars are true in every respect.

19/07/2022 Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

MUAMMAR GADDAFI BIN MARZUKI Witness of by Reporting Centre Personnel (Name as in NRIC/ID card)

2











